

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26747

State File No.

Registrar's No.

6539

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County.....
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT
FULL NAME

Frank Xavier Friedmann

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex.....
5. Color or
race.....
6. (a) Single, widowed, married,
divorced.....

6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years Months Days
If less than one day
hr. min.

9. Birthplace.....
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....
13. Birthplace.....
(City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....

17. (a) Burial..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

- (b) Address.....

19. (a) AUG 11 1941 (b) J. J. Grudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1941 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 10-1941
to August 10 1941
that I last saw him alive on August 10 1941
and that death occurred on the date and hour stated above.

- Immediate cause of death.....

- Due to.....
Due to.....

- Other conditions.....
(Include pregnancy within 3 months of death)

- Major findings:
Of operations.....

- Of autopsy.....

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature..... (M. D. or other).....
Address..... Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9234

4660 Maryland
10 of 12 ann

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Warren A. Carver

Licensed Embalmer No.

3534

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.